

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. *09/000000* FILING DATE *9/29/00*

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11		1				
12	1					
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27		1				
28						
29						
30						
31						
32						
33		1				
34						
35	1					
36						
37						
38						
39						
40						
41						
42	1					
43		1				
44						
45	1					
46	1					
47		1				
48						
49	1					
50		1				
TOTAL IND.	7		7		7	
TOTAL DEP.	43	→	43	→	43	→
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54	1					
55		1				
56		1				
57						
58		1				
59	1					
60		1				
61		1				
62						
63						
64						
65	1					
66		1				
67		1				
68						
69		1				
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	11		11		11	
TOTAL DEP.	58	→	58	→	58	→
TOTAL CLAIMS	69					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS